



Future Gift Intention Form

For Our Friends Who Have Included Cincinnati Children's in Their Estate Plans

Name(s) Date of Birth

Address

City State Zip

Email address Telephone

While we promise to keep the details about your future gift confidential, we would like to include your name as a member of our William Cooper Procter Legacy Society on the Cincinnati Children's Honor Roll. **How would you like your name to appear when we recognize your gift?**

_____ I wish to remain anonymous

_____ Date: _____

Name of Individual Completing This Form

Please describe your planned gift:

- | | |
|--|--|
| <input type="checkbox"/> Will | <input type="checkbox"/> Charitable Remainder Trust |
| <input type="checkbox"/> Trust _____
<i>(Name of Trust)</i> | <input type="checkbox"/> Charitable Lead Trust |
| <input type="checkbox"/> IRA or Retirement Plan account beneficiary

<i>(Name of IRA administrator)</i> | <input type="checkbox"/> Charitable Gift Annuity |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Life Insurance Policy beneficiary

<i>(Name of Life Insurance company)</i> |
| <input type="checkbox"/> Other: _____
_____ | <input type="checkbox"/> Donor Advised Fund beneficiary

<i>(Name of DAF Sponsor/Foundation)</i> |

As of today's date, I estimate the value of this gift to be approximately \$_____
(We understand the size of your future gift might be significantly different than your current estimate.)

Are you willing to share your story for use in a future publication? **Yes** **No**

Please be assured that this Future Gift Intention Form does NOT create a legal or binding commitment upon your estate. We would simply like to be able to thank you for your thoughtful planning and to make sure your gift is used as you intended.

If you would like to designate your gift to a specific area of the medical center, please indicate this on the reverse side of this form. THANK YOU!

(OVER)



Although the following information is not required, your answers will greatly assist with Cincinnati Children's long-range planning. The terms of your gift will remain confidential.

Describe the details of your gift plan that will benefit Cincinnati Children's, and/or attach a copy of the relevant documents:

This gift is to benefit Cincinnati Children's, or a specific program, as described: *(Please contact us below to make sure that the designation can be used as you wish.)*

Cincinnati Children's would like to recognize your attorney and/or other professional advisor(s) who have assisted you in creating your legacy gift. We hope you will take a moment to add name(s) and address(es) below so we can thank them personally at one of our special events held for professional advisors.

Advisor's Name

Address

Phone Email Address

Questions may be directed to:

Suzanne M. Rohlf, JD, CAP®
Director, Legacy Planning
Telephone: 513-636-1192
Email: suzanne.rohlf@cchmc.org

Kelli M. Kurtz, CAP®
Senior Officer, Legacy Planning
Telephone: 513-636-5685
Email: kelli.kurtz@cchmc.org

Please return this form to Suzanne or Kelli by email or U.S. mail at the address listed below:

Cincinnati Children's Hospital Medical Center
3333 Burnet Avenue, MLC 9002
Cincinnati, OH 45229-3039

Learn more about legacy giving at cincinnatichildrens.org/legacyplanning

